



BETTER ATHLETES
BETTER PEOPLE

Injury/Incident Report

Date of incident: _____ Time of incident: _____

Site/Facility of incident: _____

Name of injured person: _____

Role of injured person (circle one): Athlete Coach Official Spectator Volunteer

Date of birth: _____ Telephone number: _____

Address: _____

Guardian/Parent (If injured person is a minor): _____

Name: _____

Address: _____

Telephone number: _____

Was the parent/guardian contacted about the incident? Yes No Time: _____

Did the incident take place during (circle one): Practice Game Other

Name of team: _____ Name of coach: _____

Name of official: _____ Telephone number: _____

Name of witness: _____ Telephone number: _____

Name of witness: _____ Telephone number: _____

Describe the incident and how it occurred: _____

Was any rule violated which contributed to the injury? Yes No

Describe the type of injury and the part of the body injured: _____

Describe the treatment or other actions taken: _____

Name of person giving treatment: _____

Were emergency medical services contacted? Yes No

Was the injured person transported to a medical facility? Yes No

Signature of Coach/Official _____ Date: _____

Please return this form to: _____

For more Resources, visit: www.PCDevZone.org
For more information on Positive Coaching Alliance, visit: www.PositiveCoach.org